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Case Study

THE MANAGEMENT OF SCHIZOPHRENIA PROGRESSED FROM SUBSTANCE-INDUCED PSYCHOSIS WITH A SELECTED AYURVEDIC PROTOCOL

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ABSTRACT

Schizophrenia, which progresses from substance-induced psychosis (SIP), is a psychiatric condition in which an initial substance-related psychotic episode develops into a chronic psychotic disorder. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), defines SIP as a state of delusions or hallucinations triggered by substance use or withdrawal. Studies suggest that 11–46% of individuals with SIP may progress to schizophrenia, with cannabinoids, stimulants, and alcohol being the most common triggers. However, SIP remains underdiagnosed, and its progression to schizophrenia is not well characterized. This case illustrates the importance of Ayurvedic management of a patient having psychotic symptoms (auditory hallucinations, multiple bizarre delusions) that arose from SIP having h/o substance use (alcohol, cigarettes, cannabis) from the last 10 years. Ayurveda classifies psychotic disorders under Unmada and offers a holistic treatment approach that includes internal medicines and panchakarma therapies. 33 days of IP management which include *Shirodhara, Rookshana, Snehapana, Virechana, Yoga vasti, Nasya, shiropichu* and *Dhoopana* were followed along with *Shamana* medication. A positive and negative syndrome scale was used for assessment before and after the treatment. The PANSS scores significantly decreased from 81 to 49 post-treatment, patient reported decrease in substance craving, and positive psychotic symptoms improved with no adverse reactions. This case provides the evidence of effect of ayurvedic management on schizophrenia progressing from substance-induced psychosis and offers an alternative and safe option from conventional medication.

INTRODUCTION

Psychosis due to substance abuse is commonly observed in clinical practice. The propensity to develop psychosis seems to be a function of the severity of substance use and dependence[1]. The Diagnostic and Statistical Manual of Mental Disorders, (DSM-5), defines Substance induced psychosis as a state of delusions or hallucinations triggered by substance use[2]. Studies suggest that 11–46% of individuals with SIP may progress to schizophrenia, with cannabinoids, stimulants, and alcohol being the most common triggers[3]. In several registry studies alcohol-induced psychosis was the most common subtype of substance-induced psychosis and cannabis seems to have the highest conversion rate (47%) to Schizophrenia compared to other substance-induced psychosis[4,5]. Moreover, young age was associated with a higher risk of converting to schizophrenia.[5] While both Substance-Induced Psychosis (SIP) and Schizophrenia can involve psychosis (hallucinations and delusions), schizophrenia is a chronic illness that influences virtually all aspects of life of affected persons, including thinking, perception, emotions, language, sense of self, and behaviour[6,7]. The symptoms must also be present for at least six months to meet the diagnostic criteria of schizophrenia[6]. Despite numerous advances in brain imaging, genetics, and neurochemistry, the pharmacologic agents routinely

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used to treat schizophrenia have not changed and antipsychotic (neuroleptic) medications continue to be a critical component in the treatment of schizophrenia[8,9].

Ayurveda uses the general word *Unmada* to describe schizophrenia[10]. According to presentation and severity of symptoms, schizophrenia progressing from substance-induced psychosis can be diagnosed under the disease *Unmada* in Ayurveda psychiatry. Dosha assessment is done based on symptoms. The treatment protocol adopted for Unmada includes practices such as *Shirodhara, Snehapana, Virechana, Vasti, Nasya, Shiropichu,* and *Samana* medicines.

Patient Information

A 39-year-old male belonging to a lower middle socio-economic Christian family, currently unemployed got admitted in Government Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal, against his will by the family members. According to the patient he came to the hospital to admit his mother. His mother complained of increased aggressive behaviour, irrelevant talk, suspiciousness towards others, self-laugh, self-talk and increased use of alcohol, Hans and cigarettes since 10 years.

Detailed interrogation with the patient revealed that he has increased multiple substance abuse including alcohol, marijuana, Hans and cigarettes since last 10 years, and believed that substance intake doesn't have any side effects. In 2015 upon intoxication, he locked himself in a room, after 3 days family members found him on the floor with a head injury. Even though findings were normal on radiological examination he showed increased aggression and disorganized behavior. Currently, the patient has delusions of reference (illuminati is observing him from fan), delusion of control (one UFO is controlling him), Delusion of grandiosity (he can time travel), multiple bizarre delusions (men have menstrual cycle, passing urine decreases his energy). Patient also showed wandering, aggressive behaviour, suicidal ideation, auditory hallucination, and disorganized speech.

His mother worked as a home nurse in Mumbai to meet the family's financial needs. Due to property issues there was stressful family environment, and he felt that he didn't get proper care from his mother. He reported a sexual abuse by a gang after which he had increased aggression towards other people. He also started substance use from a very young age due to peer pressure and discontinued his studies after 10th standard. Thereafter he worked as a daily wage worker but was not getting proper wage. During the same period, he made a conflict with his family after which his alcohol abuse peaked to a level of 1 litre per day. Gradually he also started using marijuana 3 puffs per day and 1 packet cigarette. He had a history of IP admission for 1.5 months in modern psychiatry hospital for deaddiction and behavioral changes. He claimed that he abstained from alcohol and other substances from past 1 year, but the symptoms persisted for the last one year due to which family admitted him for better management.

Medical history

He had history of multiple accidents, under the effect of the intoxication.

Family history

He had a family history of alcohol abuse by maternal grandfather.

Clinical Findings

General Physical Examination

Pulse rate 76/minute, Heart rate 76/minute, BP-110/80mm Hg, Respiratory rate- 16/minute

Lab Investigations:

Hb– 13.2gm%, ESR– 5mm/hr, RBS– 83mg/dl, S.Cholesterol- 192 mg/dL

Detailed examinations were done including *Dasavidha pareeksha*, mental status examination, and Ayurvedic psychiatric examination of the patient before intervention (Table 1, 2, 3)

Table 1: *Dasavidha pareeksha*

Dosha	*Vata, Pitta*
Dhatu	*Rasa*
Bhoomi desam *Deha desam*	*Sadharana* *Sarvasareera, Manas*
Rogabalam	*Pravara*
Rogibalam	*Madhyama*
Kalam: kshanadi	*Varsha*
Vyadhyavastha	*Puranam*
Analam	*Manda*

Prakriti *Dosha prakriti* *Manasa prakriti*	 *Pitta-Vata* *Rajasa Tamasa*
Vaya	*Madhyama*
Satwa	*Avara*
Satmya	*Sarvarasa satmya*
Abhyavaharana sakti *Jarana sakti*	*Madhyama* *Madhyama*

Table 2: Mental status examination

General appearance and behaviour Grooming and dressing	Poorly groomed
Facial expression	Anger
Eye contact	Maintained but staring gaze
Attitude towards examiner	Co-operative
Comprehension	Intact
Gait and posture	Normal
Motor activity	Increased
Social manner	Inappropriate behaviour
Rapport	Established with difficulty
Mannerisms	Forceful tapping on the table with knuckles
Speech Rate and quantity Volume and tone Reaction time Flow and rhythm	 Increased Decreased Normal
Mood	Irritated
Affect	Happy (variability present)
Thought Form and stream Content and perception	 Circumstantiality Delusion of reference, control, grandiosity, bizarre delusions and auditory hallucination
Cognition Consciousness Orientation (time, place, person) Attention and concentration	 Alert, conscious Intact Partially impaired
Memory Immediate, recent, remote	 Intact
Intelligence	Partially impaired
Abstract thinking	Intact
Reading and writing	Intact
Visuo-spatial ability	Intact
Insight	Grade 1
Judgment	Intact
Impulsivity	Present

Table 3: Ayurvedic psychiatric examination

Manovibhrama	Present	Tangentiality in speech
Budhivibhrama	Present	Multiple delusion
Samjna-jnana vibhrama	Absent	-
Smriti vibhrama	Absent	-
Bhakti vibhrama	Present	Increased sexual interest
Seela vibhrama	Present	anger outbursts without any reason
Cheshta vibhrama	Present	Mannerisms
Achara vibhrama	Present	Harming his mother

Diagnosis

Apart from multiple delusions and hallucination patient also had disorganized speech and behaviour even after abstaining from substance since 1 year and schizophrenia was diagnosed based on DSM-V criteria. Based on Ayurvedic psychiatric examination and *Dashavidha pariksha*, the condition was diagnosed as *Vataja unmada* with *Pitta anubandha*.

Intervention

The intervention started with *Shirodhara* with *Dashmoola Kashaya* followed by *Rukshana* with *Gandharvahastadi Kashaya, Abhayaristam* and *Shaddharana* tablet. Then *Snehapana* was done with *Thikthaka ghrita*. *Abhyanga* and *Ushma sweda* was done with *Dhanwanthara taila* followed by *Virechana* with *Avipathi Churna*. After that 5 *Anuvasana vasti* with *Tikthaka grita* and 3 *Kashaya vasti* with *Yastimadhu Kashaya* and *Dhanwantharam Mezhukupakam* was administered in the form of *Yogavasti*. Then *Nasya* with *Kalyanaka ghrita* was given followed by *Shiropichu* with *Ksheerabala taila. Dhoopana* was done with combination of *Haridra* (*Curcuma longa* Linn.), *Vacha* (*Acorus calamus* Linn.), *Jadamanchi* (*Nardostachys jatamansi* DC.), *Kushta* (*Saussurea costus* Clarke), *Daruharidra* (*Berberis aristata* Linn.) along the course of treatment. (Table 4, 5)

Table 4: Therapeutic intervention

Procedure	Days	Medicines	Dose	Rationale	Observation
Shirodhara	7 days	*Dasamoola kashaya*		*Vatakaphahara*	Became calm
Rookshanam	2 days	*Gandharvahastadi kashaya*[11] *Abhayaristam* *Shadharanam tablet*[12]	15 ml bd 30 ml bd 2 bd	*Amapachana, Deepana, Kaphahara*	Appetite increased
Snehapana	7 days	*Thikthaka ghrita*	30 ml - 280 ml	*Pittahara*	*Samyak snigdha lakshana* attained on 7th day, irritability reduced
Abhyanga *Ushma sweda*	2 days	*Dhanwantharam taila*[13]	-	*Vata Kapha hara, Doshavilayana*	
Virechana	1 day	*Avipathy churna* [14]	25 gm	*Pittahara*	6 *Vegas* were obtained, anger outburst reduced
Snehavasti	5 days	*Thikthaka ghrita*	75 ml	*Pittahara*	Bizarre and grandiose delusions reduced
Kashaya vasti	3 days	*Yasti (Glycyrrhiza glabra* Linn.*) Kashaya* Honey *Saindhava* *Dhanwantharam Mezhukupakam*	750 ml 100 ml 15 gm 100 ml	*Pittahara* and *Vatanulomana*	Self-laugh, self-talk reduced
Marsha	3 days	*Kalyanaka ghrita*[15]	1ml	*Vata-Pittahara,*	Delusion of control

nasyam				*Smriti medha kara*	reduced
Shiropichu	3 days	*Ksheerabala taila*	15 ml	*Vata-pittahara*	Sleep improved
Dhoopana	Daily	*Haridra (Curcuma linga* Linn.*)* + *Vacha (Acorus calamus* Linn.) + *Jadamanchi (Nardostachys jatamansi* DC.*)* + *Kushta (Saussurea costus* Clarke*)* + *Daruharidra (Berberis aristata* Linn.*)*[16]		*Srotoshodhana*	Thought correction

Table 5: Internal medicines

Medicine	Dose	*Anupana*	*Aushadhakaala*	Rationale
Drakshadi Kashaya	90 ml	Warm water	2 times a day before food	*Vatapittahara*, effect on cognitive domain
Swethasankhpushpi[17] *Yastimadhu* *Kushta*	2 g 2 g 1 g	Warm water	2 times a day after food	*Pithakapha hara,* brain tonic *Pittahara, Medhya* *Vatakaphahara*
Mahatpanchgavya ghrita	5 g	Warm water	At bed time after food	*Kaphavata hara* delusion correction
Dhatryadi ghrita	5 g	Warm water	At bed time after food	*Vata Pittahara*
Manasamitra vatakam	2	Warm water	At bed time after food	To improve sleep

RESULTS

Table 6: Assessment of outcome

Scales	Score before treatment	Score after 19th day	Score after Treatment
PANSS	81	65	49

DISCUSSION

According to Ayurveda *Unmada* is a broad term comprising various kinds of psychiatric illnesses that affect manas where *Vibhramas* can be identified. The present case is diagnosed as *Vataja unmada* with Pitta *anubandha*. Increased wandering and mannerisms, disorganized speech, hallucinatory behaviors and delusions pointed to *Vata dosha*. Aggressive behaviour can be due to *Pitta dosha dusti. Aruchi* and *Krishangata* can be due to *Rasa dusti*. Protocol including *Yukthivyapasraya chikitsa comprising Sodhana, Samana* and *Pathyapathya* was observed as effective.

Initially, *Shirodhara* was done with *Dasamoola Kashaya* to alleviate *Tridoshas.* After 7 days of *Shirodhara* patient become calm. Then *Rukshana* was done internally with drugs having *Deepana pachana* properties. Drug used are *Gandarvahasthadi Kashaya*, *Abhayaristam* and *Shaddharanam* tablet. For *Snehapana*, the drug used was *Tikthaka ghrita* which is having properties of *Pittahara, Medhya* and *Agni deepana*. After 7 days of *Snehapana samyak snigha lakshanas* were attained and irritability reduced. *Abhyanga* and *Ushma sweda* were done with *Dhanwanthara taila* which is *Vatakapha hara*. After assessment of *Koshta avipathy churna* was selected as *Virechana* medicine. 6 *Vegas* were observed and anger outburst got reduced. *Nithya dhoopana* with combination of *Vacha, Haridradwaya, Kusta, Jatamanchi* was given for Delusions reduced, which is also having *Srotosodhana* property.

Internal medications were given along the course of treatment. After treatment significant reduction was attained in PANSS Score. Changes noted at the time of discharge were reduced anger outburst, delusions and hallucinatory behaviour. From Mental status examination changes noted were normal motor activity, improvement in speech, improved attention and concentration.

CONCLUSION

The study provides evidence supporting the effect of Ayurvedic management in schizophrenia progressing from substance-induced psychosis. Ayurveda protocols including *Shodhana, Samana* medication demonstrated significant symptom relief. Further research is needed for validate or generalize the findings, and to establish an alternative and safe option from conventional medication.

Declaration of patient consent

The written consent was obtained from the patient for the case to be reported in the journal.

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